

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

104523166

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14	1		1			
15		1		1		
16		2		1		
17		3		1		
18		4		1		
19		5		1		
20		6		1		
21		7		1		
22		8		1		
23		9		1		
24		10		1		
25	1		1			
26		1		1		
27		2		1		
28		3		1		
29		4		1		
30	1		1			
31		1		1		
32		2		1		
33		3		1		
34		4		1		
35		5		1		
36		6		1		
37		7		1		
38		8		1		
39		9		1		
40	1		1			
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		35	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						